224414

## **CLASS C REINSTATEMENT FORM**

File the original with:

2009.277-T 2008-182-T

Mail or fax a copy to:

Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 6/14/10	
Please consider this an application for Reinstateme	ent of my:
Taxi Certificate Number 7982	
Charter Certificate Number	
Charter Bus Certificate Number	
Non-Emergency Certificate Number	
My certificate was revoked/cancelled on 0 ct. 14,2009 because I did	
not received my mail.	<u>.</u>
I am seeking reinstatement because My	or was not in operation from
June 2009 - March 2010, 1	loss my number.
	BA Mary Lee Cosper (if applicable)
(Street Address)	(Mailing Address if different from Street Address)
(City, State, Zip Code)	May Lee Copla- (Signature)
843 - 610 - 4034 (Telephone Number)	Own ← ✓ (Title) Owner, President, etc.